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Bib Data Sheet

CONFIRMATION NO. 1503

|   |   |                                    |   |   |                                |
|---|---|------------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/936,841  | <b>FILING DATE</b><br>03/01/2002<br><b>RULE</b>   | <b>CLASS</b><br>606                | <b>GROUP ART UNIT</b><br>3739   | <b>ATTORNEY DOCKET NO.</b><br>1890-0020 |                                |
| <b>APPLICANTS</b><br>Martin Caldwell, Dublin, IRELAND;<br>Christy Cummins, Offaly, IRELAND;<br>Mike Muntner, County Dublin, IRELAND;  |   |                                    |   |   |                                |
| <i>Me</i> <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A 371 OF PCT/IE00/00033 03/20/2000   |   |                                    |   |   |                                |
| <i>Me</i> <b>** FOREIGN APPLICATIONS *****</b><br>IRELAND S990220 03/18/1999  |   |                                    |   |   |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <i>Allowance</i><br>Acknowledged <i>Examiner's Signature</i> Initials |   | <b>STATE OR COUNTRY</b><br>IRELAND | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>10               | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>22204   |   |                                    |   |   |                                |
| <b>TITLE</b><br>Surgical access device  |   |                                    |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1260  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |